P.O. BOX 690 or JEFFERSON CITY, MISSOURI 65102 TELEPHONE (573) 751-3518 FAX: (573) 526-3416

THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK

This form neffective da	nust be submitted to the Ete of changes. It is a submitted to the Ete of changes. It is a submitter to the Ete of changes.	Department of Insurance, Financial surance.mo.gov/agents/	Institutions and Professional F	degistration v	within 10 working days of the
	I CREDIT BUSINESS ENTITY ENTIFICATION NO.	ORGANIZATIONAL CREDIT BUSINESS EI	NTITY NAME		
CURRENT E-MA	AIL ADDRESS (PLEASE PRINT CLEA	RLY)			
	E ORGANIZATIONAL Clany this change.)	REDIT BUSINESS ENTITY NAM	IE TO (Proper papers from do	miciled Sec	cretary of State's Office must
	TE NEW STRUCTURE (C	HECK ONE)			
☐ SOLE PRO	PRIETORSHIP	☐ CORPORATION☐ LIMITED LIABILITY COI	OTHER		
Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.					
i lease a	паст а сору от арргорпа	e form indicating the change has	been approved by Secretary	or State.	
	E OF ADDRESS				
	AL ADDRESS (Required)				
STREET ADDRE	ESS	CITY	STATE	ZIP	TELEPHONE NUMBER
NEW MAIL	ING ADDRESS (Optional)			
STREET ADDRE	ESS	CITY	STATE	ZIP	TELEPHONE NUMBER
☐ CHANG	E OF OWNERS, OFFICE	RS OR DIRECTORS			
	nave been any changes of residence address.	owners, officers or directors, atta	ach a current listing. Please gi	ve full name	e, Social Security Number,
		imployed by the organizationa or commission.) No fee require		d to whor	n the organizational credit
CHECK ONE	NAME/LEGAL ADDRES	S	SOCIAL SECURITY/BIR	THDATE	EFFECTIVE DATE
					MO. DAY YEAR — —
_					DATE
AUTHORIZED					

SIGNATURE

MO 375-0099 (3-15)

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